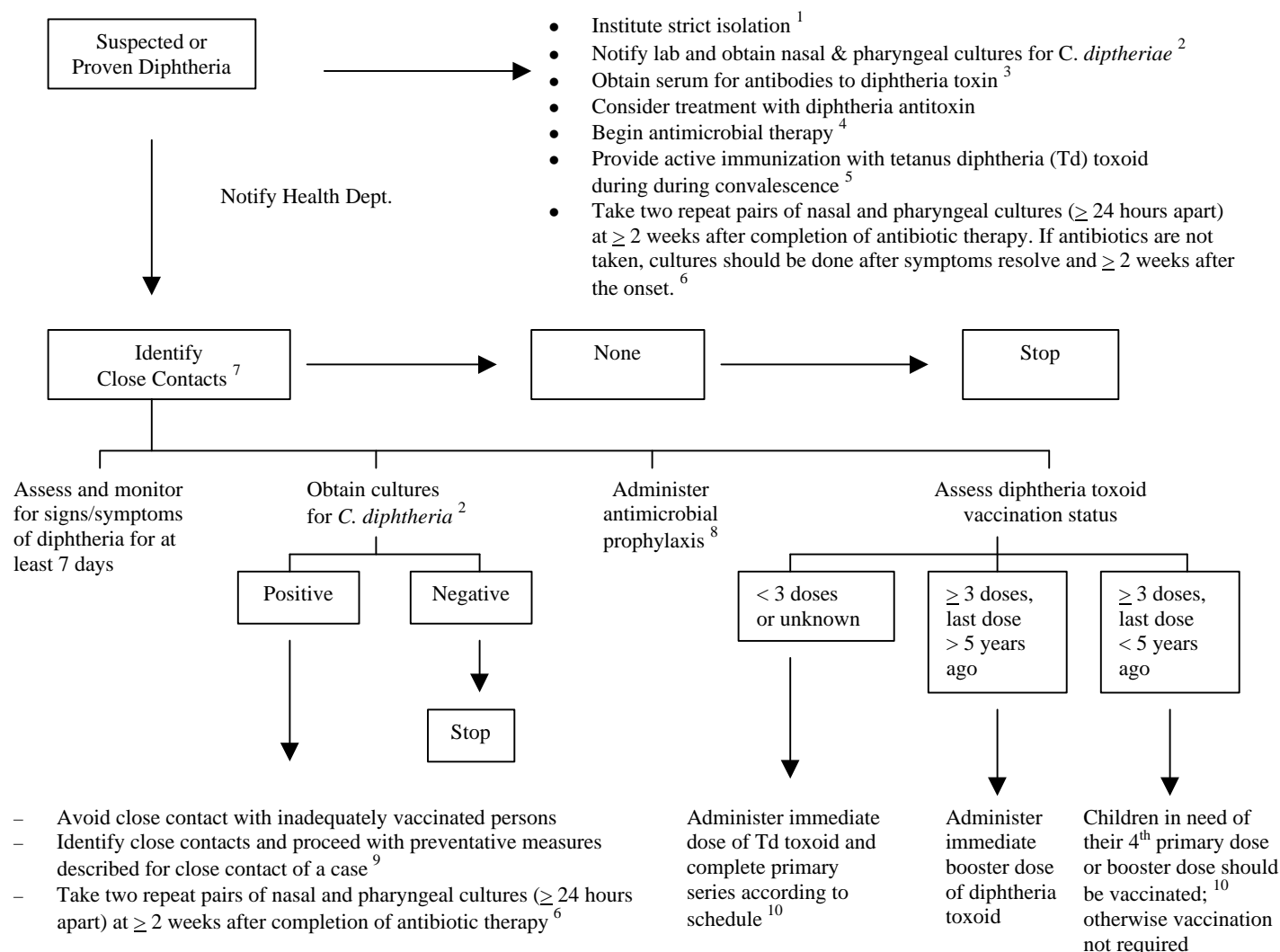


Algorithm for Diagnosis, Treatment and Follow-up of Suspect Diphtheria Cases and Infected Contacts



¹ Maintain isolation until elimination of the organism is demonstrated by negative cultures of two samples obtained at least 24 hours apart and taken ≥ 2 weeks after completion of antimicrobial therapy. If antibiotic therapy is not taken, cultures should be done after symptoms resolve and it is ≥ 2 weeks since their onset.

² Both nasal and pharyngeal swabs should be obtained for culture.

³ If equine diphtheria antitoxin is needed, contact your State Health Department. Before administration, patients should be tested for sensitivity to horse serum and, if necessary, desensitized. The recommended dosage and route of administration depend on the extent and duration of disease. Detailed recommendations can be obtained from the package insert and other publications.

⁴ Antimicrobial therapy is not a substitute for antitoxin treatment. Antimicrobials: 1) Intramuscular procaine penicillin G (25,000 - 50,000 units/kg/day for children and 1.2 million units/day for adults, in two divided doses), or 2) aqueous crystalline penicillin G intramuscularly (100,000 to 150,000 units/kg/day, in four divided doses), or 3) parenteral erythromycin (40-50 mg/kg/day, maximum 2 g/day) have been recommended until the patient can swallow comfortably, at which point oral erythromycin in four divided doses or oral penicillin V (125-250 mg four times per day) may be substituted for a recommended total treatment period of 14 days.

⁵ Vaccination with Td toxoid is required because clinical diphtheria does not necessarily confer immunity.

⁶ Persons who continue to harbor the organism after treatment with either penicillin or erythromycin should receive an additional 10-day course of oral erythromycin and should submit samples for follow-up cultures.

⁷ Close contacts include household members and other persons with a history of direct contact with a case-patient (e.g. caretakers, relatives, or friends who regularly visit the home) as well as medical staff exposed to oral or respiratory secretions of a case-patient.

⁸ A single dose of intramuscular benzathine penicillin G (600,000 units for persons < 6 years of age and 1.2 million units for persons ≥ 6 years of age) or a 7- to 10-day course of oral erythromycin (40 mg/[kg/d] for children and 1g/d for adults) has been recommended.

⁹ Preventive measures may be extended to close contacts of carriers but should be considered a lower priority than control measure for contacts of each case.

¹⁰ Refer to published recommendations for the schedule for routine administration of DTaP.